PTO/SB/83 (01-06

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| | PTO/SB/83 (01-06) |
|------------------------|------------------------|
| Application Number | 09/533,798 |
| Filing Date | March 24, 2000 |
| First Named Inventor | CARROLL, Miles William |
| Art Unit | 1648 |
| Examiner Name | Ali Reza Salimi |
| Attorney Docket Number | 021911-000500US |

| P.O. | missioner f Box 1450 andria, VA | | | | | | | | |
|---|---------------------------------------|--|--|---------------------------|----------------------------|------------------------------|--|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | | | | |
| | all the attorneys/agents of record. | | | | | | | | |
| | all the attorne | orneys/agents (with registration numbers) listed on the attached paper(s), or | | | | | | | |
| | all the attorne | eys/agents associated with Customer Number 20350 | | | | | | | |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | | | | | | | | |
| The reasons for this request are: At the request of the client, Oxford BioMedica (UK) Ltd. | | | | | | | | | |
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| | | | | | _ | | | | |
| CORRESPONDENCE ADDRESS | | | | | | | | | |
| 1. The correspondence address is NOT affected by this withdrawal. | | | | | | | | | |
| 2. 🛛 Ch | ange the corr | espondence address and direct al | I future corresp | oonden | ce to: | | | | |
| The address associated with Customer Number: | | | | | | | | | |
| OR | | _ | | | | | | | |
| Firm Indivi | <i>or</i> dual Name | Marshall, Gerstein & Borun LLP | | | | | | | |
| Address | | 233 South Wacker Drive 6300 Sears Tower | | | | | | | |
| City | | Chicago | State IL | | Zip 60606-6357 | | | | |
| Country | | us | | | | | | | |
| Telephone | | (312) 474-6300 | | | Email | · | | | |
| Signature | Karl | n Babyak 1 | Dans | | | | | | |
| Name | Karen B. Do | w , | | Reg | istration No. 29 | 9,684 | | | |
| Date | January <u>25</u> | uary <u>29</u> , 2008 | | | Telephone No. 858-350-6100 | | | | |
| NOTE: Withdra | awal is effective who | en approved rather than when received. Unle or possible extension period, the request to wi | ess there are at leas ithdraw is normally o | t 30 days l disapprove | between approval of w | ithdrawal and the expiration | | | |